

PURPOSE

- | | |
|--|--|
| <input type="checkbox"/> ROUTINE | <input checked="" type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> COMPLAINT |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> PREOPENING |
| <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> EPIDEMIOLOGY | |
| <input type="checkbox"/> OTHER _____ | |



**FLORIDA DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC SCHOOL AND PUBLIC CHARTER
SCHOOL INSPECTION REPORT**

TYPE	
<input checked="" type="checkbox"/>	PUBLIC SCHOOL
<input type="checkbox"/>	PUBLIC CHARTER SCHOOL
<input type="checkbox"/>	VOCATIONAL SCHOOL
<input type="checkbox"/>	COLLEGE
<input type="checkbox"/>	UNIVERSITY
CENSUS	
70	FEMALES
84	MALES
RESULTS	
<input checked="" type="checkbox"/>	SATISFACTORY
<input type="checkbox"/>	INCOMPLETE
<input type="checkbox"/>	UNSATISFACTORY
CORRECT VIOLATIONS BY	
<input type="checkbox"/>	NEXT ROUTINE INSPECTION
OR <input type="checkbox"/>	8 AM ON _____ (DATE)

NAME OF FACILITY Ruth Owens Kruse Educational Center

LOCATION ADDRESS 11001 SW 76 STREET **CITY** Miami

STATE FL **ZIP CODE** 33173 **FACILITY OWNER** MDCPS

PERSON IN CHARGE (PIC) Nicole Berge MacInnes **PHONE** 305-270-8699

PIC E-MAIL ADDRESS nbergemacinnnes@dadeschools.net

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
2:30pm	3:00pm	05/05/18	27482	13-51-08286

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked below violate one or more of the requirements of Rule 6A-2.0010, of the Florida Administrative Code, Chapter 5, section 5 of the State Requirements for Educational Facilities 2014 (SREF); and sections 453 and 468 of the Florida Building Code 5th Edition (2014). Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Marking Key: **IN** = the act or item was observed to meet standards; **OUT** = the act or item was observed not to meet standards; **NO** = the act or item was not observed to be occurring at the time of inspection; **NA** = the act or item is not performed by the facility or not part of the operation

<p>SCHOOL SANITATION</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. School Site</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 2. Playground, Equipment & Athletic Fields</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 3. Athletic and Playground Equipment</p> <p>BUILDING CONSTRUCTION AND MAINTENANCE</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 4. Construction</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Maintenance & Repair</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. Lighting Standards</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 7. Heating, Ventilation, A/C Standards</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 8. Natural Ventilation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 10. Provided/Accessible/Separation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 11. Group Toilet Rooms</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 12. Toilet Facilities</p>	<p>SANITARY FACILITIES (cont.)</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 13. Handwashing Facilities</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 14. Soap Dispensers</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 15. Shower Facilities</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 16. Showers Water Temperatures</p> <p>WATER SUPPLY</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 17. Approved Source</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 18. Drinking Fountains</p> <p>LIQUID WASTE & WASTE WATER</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 19. Sewage Disposal</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 20. Solid Waste</p> <p>PEST CONTROL</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 21. Pest Control</p>	<p>SAFETY</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 22. First Aid Kit</p> <p>DIAPER CHANGING STATION</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 23. Sanitizers</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 24. Changing Station & Mats</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 25. Hand Sink</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 26. Garbage Can</p> <p>ANIMAL HEALTH AND SAFETY</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 27. Animals Maintenance/Aggressive</p> <p>DORM/RESIDENTIAL FACILITIES</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> 28. Maintenance/Complaint</p> <p><input type="checkbox"/> <input type="checkbox"/> 29. Other</p>
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ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
5	Replace baseboard at the bottom of classroom 50.

INSPECTION CONDUCTED BY: Jessica Bermudez PHONE: 786-360-9804

COPY OF REPORT RECEIVED BY: Nicole Berge-MacInnes DATE: 05/02/18

DH FORM 4030, 12/16 replaces previous editions Page 1 of 1

STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 COUNTY HEALTH DEPARTMENT
 FOOD SERVICE
 INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-12188
 Name of Facility: Ruth Owen Kruse Ed. Ctr.
 Address: 11001 SW 76 Street
 City, Zip: Miami 33173

Type: School (more than 9 months)
 Owner: M-DCSB Food and Nutrition
 Person In Charge: Nicole Berge-MacInnes Phone: 305 270-8699
 PIC Email: nbergemacinnnes@dadeschools.net

Inspection Information

Purpose: Routine
 Inspection Date: 10/16/2019
 Correct By: Next Inspection
 Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 0
 Number of Repeat Violations (1-57 R): 0
 Facility Grade: N/A
 Stop Sale: No

Begin Time: 12:10 PM
 End Time: 01:00 PM

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- IN 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN 3. Knowledge, responsibilities and reporting
- IN 4. Proper use of restriction and exclusion
- IN 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN 6. Proper eating, tasting, drinking, or tobacco use
- IN 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN 8. Hands clean & properly washed
- IN 9. No bare hand contact with RTE food
- IN 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NA 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- IN 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- NO 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- IN 23. Date marking and disposition

- NA 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- IN 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN 27. Food additives: approved & properly used
- IN 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA 29. Variance/specialized process/HACCP

Inspector Signature:

Nita

Client Signature:

[Signature]

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

<p>SAFE FOOD AND WATER</p> <p><u>IN</u> 30. Pasteurized eggs used where required</p> <p><u>IN</u> 31. Water & ice from approved source</p> <p><u>NA</u> 32. Variance obtained for special processing</p> <p>FOOD TEMPERATURE CONTROL</p> <p><u>IN</u> 33. Proper cooling methods; adequate equipment</p> <p><u>NO</u> 34. Plant food properly cooked for hot holding</p> <p><u>NO</u> 35. Approved thawing methods</p> <p><u>OUT</u> 36. Thermometers provided & accurate</p> <p>FOOD IDENTIFICATION</p> <p><u>OUT</u> 37. Food properly labeled; original container</p> <p>PREVENTION OF FOOD CONTAMINATION</p> <p><u>IN</u> 38. Insects, rodents, & animals not present</p> <p><u>OUT</u> 39. No Contamination (preparation, storage, display)</p> <p><u>IN</u> 40. Personal cleanliness</p> <p><u>NO</u> 41. Wiping cloths: properly used & stored</p> <p><u>NO</u> 42. Washing fruits & vegetables</p> <p>PROPER USE OF UTENSILS</p> <p><u>IN</u> 43. In-use utensils: properly stored</p> <p><u>IN</u> 44. Equipment & linens: stored, dried, & handled</p> <p><u>IN</u> 45. Single-use/single-service articles: stored & used</p>	<p><u>IN</u> 46. Slash resistant/cloth gloves used properly</p> <p>UTENSILS, EQUIPMENT AND VENDING</p> <p><u>IN</u> 47. Food & non-food contact surfaces</p> <p><u>IN</u> 48. Ware washing: installed, maintained, & used; test strips</p> <p><u>IN</u> 49. Non-food contact surfaces clean</p> <p>PHYSICAL FACILITIES</p> <p><u>IN</u> 50. Hot & cold water available; adequate pressure</p> <p><u>IN</u> 51. Plumbing installed; proper backflow devices</p> <p><u>IN</u> 52. Sewage & waste water properly disposed</p> <p><u>IN</u> 53. Toilet facilities: supplied, & cleaned</p> <p><u>IN</u> 54. Garbage & refuse disposal</p> <p><u>IN</u> 55. Facilities installed, maintained, & clean</p> <p><u>IN</u> 56. Ventilation & lighting</p> <p><u>IN</u> 57. Permit; Fees; Application; Plans</p>
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This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

<p>Violation #36. Thermometers provided & accurate Provide thermometer for cool unit and milk box refrigerator CODE REFERENCE: 64E-11.003(4). Thermometers must be calibrated to ensure accuracy in accordance with Rule requirements. Food thermometers scaled in Celsius (C) shall be accurate to plus or minus 1°C or in Fahrenheit (F), accurate to plus or minus 2°F. Food thermometers should be accessible for use by employees and have a probe size appropriate to the food item.</p>
<p>Violation #37. Food properly labeled; original container Provide labels from some food bags containers CODE REFERENCE: 64E-11.003(2). Food or food ingredients removed from their original packages shall be identified with their common name unless unmistakably recognized.</p>
<p>Violation #39. No Contamination (preparation, storage, display) Keep food boxes located at the storage room at least 6 inches above the floor CODE REFERENCE: 64E-11.003(2). Food shall be protected from sources of contamination and stored in a clean, dry location at least 6 inches above the floor.</p>

General Comments

<p>Chicken nuggets: 135 oF steam table salad tuna sandwich: 39 oF cold unit</p>
<p>Email Address(es): nbergemacinnnes@dadeschools.net; jerubio@dadeschools.net</p>

Inspector Signature:

Ruta

Client Signature:

[Signature]

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Inspection Conducted By: Maria Adrover (47452)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name:
Date: 10/16/2019

Inspector Signature:

MTA

Client Signature:

[Handwritten Signature]